say half a dozen times, being well dried between each application, when it assumes a gray, dead look. The bowel is now wrapped in a piece of moist absorbent wool and laid on one side, while the stomach is dealt with in an almost similar way. In preparing the stomach for the anastomosis, instead of making a linear incision, an oval patch of musculo-peritoneal coat is excised; the muscular coat being so much thicker in this organ, it is rather in the way if only reflected, and, what is of more importance, the loss of substance helps to prevent subsequent contraction of the opening. Both of the wounds having been duly cauterized, they are brought together, and a continuous suture of the finest green gut or silk is run around the edges, not, of course, penetrating the mucous membrane, but picking up as far as possible the tough submucous coat. Finally, a few Lembert sutures or Halsted sutures are generally desirable, especially in anterior gastro-enterostomy.

The operation has been successful in dogs, a sloughing taking place in forty-eight hours and establishing the anastomosis after good firm union has taken place.

The features of the operation that the author hopes may be reckoned advantages are:

1. The effect is one of pure traumatism. The viscera not being opened, all risk from such sources is avoided.
2. No foreign body is used.
3. The time occupied is less than for a suture operation though more than for Murphy's.
4. The anastomosis resulting from loss of tissue should be more durable than in the majority of methods.

The complete absence of shock in the experimental cases was a noticeable feature as compared with other cases done by other methods. There was much less pain.

The author also briefly reports a series of twenty cases of operation for pyloric obstruction.

The Action of Sympathicotomy on the Exophthalmia and Tachycardia in a Case of Exophthalmic Goitre.—COMBERMALE and GAUDIER (*Gaz. Hebdom de Méd. et de Chir.*, April 24, 1898) report an interesting case in which Jaboulay's operation produced the following results. The patient was a female in whom, for some unknown reason, a goitre began rapidly to increase in size and was accompanied by exophthalmia, tachycardia, and all the symptoms of hyperthyroidization. No medicine appeared to have any effect; the heart could not be calmed, and its increasing action threatened the life of the patient. Recourse was had to section of the cervical sympathetic. The results were: 1. An immediate diminution in the exophthalmia. 2. A decrease of the pulse during a week from 200 to 100 per minute, and at the same time the disappearance of præcordial pain. 3. Absence of any modification in the goitre itself.

The cessation of palpitation, the lessened dyspnœa and disappearance of angina caused sufficient relief to make the patient satisfied with the operation, while the disappearance of the tachycardia and of the other dangerously threatening symptoms recompensed the operators.

The sudden drop in the pulse the authors would ascribe not to any direct action or to action through the contiguity of these nerves to nerves about the heart; it was delayed in appearing, and did not take place immediately. They agree with Werthimer in believing that the thyroid fibres of the sympathetics after the section of the main trunk cease presiding over the activity of the thyroid secretion which causes the tachycardia, and that the rapid action of the heart ceases because the cause is thus stopped.

The fact that the goitre did not decrease in size would tend to show that the operation had no effect on the colloid matter excreted. In the normal state both vary in the amount physiologically secreted. We see small goitres that produce hyperthyroidization, and it is perfectly admissible to suppose that the section of the sympathetic may prevent the secretion of the toxin without interfering with the secretion of colloid material.

If this is true, the section of the sympathetics in cases where exophthalmia and tachycardia are the menacing symptoms is the operation of choice.

THERAPEUTICS.

UNDER THE CHARGE OF

REYNOLD W. WILCOX, M.D., LL.D.,
PROFESSOR OF MEDICINE AND THERAPEUTICS AT THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL; VISITING PHYSICIAN TO ST. MARK'S HOSPITAL.

Urtica Dioica.—M. Hjalmar Agnér, under the title of "Forgotten or Neglected Medicinal Plants," recommends this as depurative, diuretic, and a galactogogue. An infusion made from the roots and stems, freshly collected in spring, is an excellent remedy for the anæmia so often met with in early spring.—*Bulletin Général de Thérapeutique*, 1898, 21e liv., p. 801.

[The stinging nettle has been chiefly used as an astringent in uterine hemorrhage.—R. W. W.]

The Treatment of Chlorosis by Hot Baths.—Dr. Rosin, failing with regulation diet and the administration of drugs, as iron and arsenic, has made use of baths, of fifteen minutes' duration, at a temperature of 89.6° F., thrice weekly. Each bath is followed by a short cold affusion. Cure was obtained in four weeks in more than fifty instances which had been under observation.—*Klinisch Therapeutische Wochenschrift*, 1898, No. 17, S. 575.

The Treatment of Gastric Ulcer.—M. Frémont regards gastric hyperacidity as the principal causative factor. The first indication is to relieve the gastric juice of its digestive activity. For this two methods, which are readily combined, present themselves: Milk fixes the hydrochloric acid; the alkalies neutralize it. The neutralized juice does not digest. The second indication is to cover the surface of the ulcer so as to prevent contact with the gastric juice. To neutralize a fluid which is constantly being secreted, frequent doses are necessary. For instance, two or three tablespoonfuls of warm (100.4° F.) milk are given every thirty minutes for twenty